

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046518

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2ndRegistrar's No. 1879

FILED JAN 2 1963

## 1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN SPRINGFIELD

Length of stay in 1b

6 YRS.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

ST. JOHN'S HOSP.

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

SPRINGFIELD

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

851 N. GLENSTONE

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

FRED

Middle

S.

Last

CLEVELAND

4. DATE OF DEATH

Month

DEC.

Day

19

Year

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2/12/86

## 9. AGE (last birthday)

76

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

## 10b. KIND OF BUSINESS OR INDUSTRY

DEPT. STORE OPERATOR

## 11. BIRTHPLACE (City and state or country)

ORD, NEBRASKA

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

W.F. CLEVELAND

## 13b. MOTHER'S MAIDEN NAME

ETTA J. HANKS

## 14. NAME OF HUSBAND OR WIFE

HELEN CLEVELAND

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

7

## 17. INFORMANT

Address

MRS. HELEN CLEVELAND, SPRINGFIELD, MO.

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

(1) Carcinoma of the prostate with generalized metastasis

## INTERVAL BETWEEN ONSET AND DEATH

2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

(2) Pulmonary emphysema, severe

6 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-16-57 to 12-19-62 and last saw him alive on 12-19-62

Death occurred at 5:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

315 Prof. Bldg.  
Springfield, Missouri

## 22c. DATE SIGNED

12-21-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

12/20/62

## 23c. NAME OF CEMETERY OR CREMATORY

WYUKA CEMETERY

## 23d. LOCATION (City, town, or county)

NEBRASKA CITY, NEB.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

H.H. LOHMEYER FUNERAL HOME  
SPRINGFIELD, MO.

## 25. DATE RECD. BY LOCAL REG.

12-26-62

## 26. REGISTRAR'S SIGNATURE

E. S. Melton

(Licensed Embalmer's Statement on Reverse Side)

John W. Polk, M.D.  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

6397

8397

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thain T. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Dec 18 1962